

CONTRACT ROUTING SHEET

Date Prepared: 10/20/2015

Need Date: ASAP Please

PROCESSING DEPARTMENT:

Department: Probation

Dept. Contact: Darci Prall *DP*

Phone #: Ext. 6076

Department: _____

Head Signature: *[Signature]*

CONTRACTOR:

Name: Board of State and Community Corrections

Address: 2590 Venture Oaks Way, Suite 200

Sacramento, CA 95833

Phone: Mary Jolls, Deputy Director
916-322-1050

CONTRACTING DEPARTMENT: Probation

Service Requested: Fed Title II Grant – Juvenile aftercare upon release from detention

Contract Term: 10/01/15 – 09/30/16 Contract Value: \$149,985.00

One (1) year

Compliance with Human Resources requirements? Yes: _____ No: _____

Compliance verified by: N/A, Grant funding

COUNTY COUNSEL: (Must approve all contracts and MOU's)

Approved: X Disapproved: _____ Date: 10/23/15 By: *[Signature]*

Approved: _____ Disapproved: _____ Date: _____ By: _____

EL DORADO COUNTY COUNSEL
2015 OCT 21 AM 9:38

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)

Approved: _____ Disapproved: _____ Date: 10/23/15 By: *[Signature]*

Approved: _____ Disapproved: _____ Date: _____ By: _____

Nothing for Risk

REMOVED FROM RISK MGMT. DEPT.
2015 OCT 23 AM 9:20

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).

Departments: _____

Approved: _____ Disapproved: _____ Date: _____ By: _____

Approved: _____ Disapproved: _____ Date: _____ By: _____